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## APPLICANTS

John E. Johnson, Jefferson, SD;

Chris Vandenbroek, Beverly Hills, MI;

NON RCP

\*\* CONTINUING DATA \*\*\*\*\*

NONE RCP

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	SD	13	21	6
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials			

## ADDRESS

27128  
 BLACKWELL SANDERS PEPPER MARTIN LLP  
 720 OLIVE STREET  
 SUITE 2400  
 ST. LOUIS, MO  
 63101

## TITLE

AUTOMATED CLASSIFIER AND MEAT CUT FAT TRIMMING METHOD AND APPARATUS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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